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GUY P. JONES EDITOR

Poliomyelitis Situation Grows More Acute.

Twenty-two new cases of poliomyelitis (infantile paralysis) were reported in California last week, making the total number of cases reported during the last four weeks as 59. Of the new cases reported last week the distribution is as follows: Los Angeles City 8, Duarte 1, El Monte 1, Belvedere 3, Lankershim 1, Newhall 1, Huntington Park 1, Long Beach 1, Anaheim 1, Upland 1, Dunsmuir 1, Sacramento 2.

Cases of the disease have been reported in every county of southern California with the exception of Imperial, Ventura and Santa Barbara counties. While the disease is more prevalent in the southern end of the state at the present time, sporadic cases are occuring in other parts of California. It is certain that in those sections of the state where the disease may be epidemic that many unrecognized non-paralytic cases are occuring. It is of the greatest importance that every effort be made for determining the nature of all cases of illness in children in every locality where poliomyelitis is being reported. Since the onset of the disease is associated with a wide variety of symptoms, it is essential that all cases of illness in children residing in those communites where poliomyelitis is prevalent, be subjected

for patients to suffer from fever and gastro intestinal disturbances for several days before paralysis may appear. In other cases there is no sign of illness until the patient awakens in the morning, acutely ill and paralyzed. are a great many cases of poliomyelitis in which the symptom of paralysis does not appear. These unrecognized cases constitute tremendous factors in the spread of the disease. For this reason, no constructive plan in the community control of poliomyelitis can be definitely effected unless such plan provides for the control of all cases of illness in children, of whatever nature, during the period that poliomyelitis is present in epidemic form.

It is essential that all cases of the disease be reported by attending physicians to health officers without delay. Wherever the disease is present, the parents of children who may be ill should be advised to isolate all cases of illness until diagnosis is definitely established. Young children should be kept at home and since carriers are known to play a role in the spread of the disease, it is a wise procedure to prevent contact between children in the family and all visitors.

poliomyelitis is being reported. Since the onset of the disease is associated with a wide variety of symptoms, it is essential that all cases of illness in children discharges be disinfected immediately. All excreta should be cared for with the same degree of care as excreta in to most careful diagnosis. It is common typhoid fever are cared for. Physicians

and nurses should exercise the same precautions that are used in connection with cases of starlet fever. The quarantine period for poliomyelitis was fixed as three weeks by the California State Board of Health at its meeting of October 6, 1923. It is provided further that all contacts must be isolated for a period of two weeks.

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Eleventh Death From Rabies This Year, Reported.

It is not pleasant to think that eleven human beings have died in California of rabies, since the first of the year. Furthermore, it is a distinctive reflection upon the citizens of those communities where these deaths have occurred. All of these fatalities resulted from bites of rabid dogs and each death was actually preventable. It seems that in some communities no steps are taken to control this truly horrible disease, in spite of the fact that the deaths of human beings are directly traceable to this "lassez faire" policy. Wherever the dog population is placed under control, rabies can be checked. That the dog population can be controlled has been demonstrated time and again in many California communities.

In spite of these eleven tragic deaths, printed references to "mad dog scares" are encountered frequently, and in some places extremely serious conditions are only regarded frivolously. It is impossible for the state board of health to accomplish this control work in every community where it is needed. It can do little else than to advise concerning the necessary procedure. Many warnings of the increased prevalence of rabies in the state have been printed by the board during the past year. In spite of these warnings, in some places no action has been taken in the control of the disease. It is likely that the rabies situation will grow worse instead of better during the coming winter months. Contrary to popular belief the disease is not confined to the summer. Very often, it is more prevalent during the winter. Unless definite action in checking the advance of rabies is undertaken in some sections of the state, the human death toll from this agonizing disease is likely to increase during the coming months.

Automobile Camp Ground Regulations Amended.

At a meeting of the California State Board of Health held in San Francisco October 6th, Section 12 of the regulations governing camp ground sanitation adopted originally on December 4, 1920. was added to the regulations. The new section pertains to the construction and maintenance of buildings and is intended to cover the growing demand for building standards in camp grounds where permanent structures are being erected. The traveling public is demanding more elaborate equipment and as a result cabins and cottages are being provided in many parts of the state. It is believed that the advance from tents and rough shelters to more permanent, easily cleaned structures will prove a benefit to travelers and proprietors of camp grounds as well. That definite standards in construction and maintenance must be observed goes without saying. The new section of the regulations follows:

CONSTRUCTION AND MAINTENANCE OF BUILDINGS.

Section 12. If cottages, cabins, dwelling houses or other buildings to be used for human habitation are erected in any public camping ground, the following minimum requirements in their construction shall be observed:

Note.—In addition to observing these requirements, all local building ordinances must be complied with.

1. All floors shall be raised at least 18 inches above the ground and space underneath shall be kept free from obstruction.

2. All floors shall be constructed of

tongue and groove material.

3. Interior walls shall be of surfaced lumber or other material that may easily be kept clean and shall be constructed so that they may always be kept in a thoroughly clean condition.

4. No room used for sleeping purposes shall have less than 500 cubic feet

of air space for each occupant.

5. The area of window space in each sleeping room shall be equal to at least one-eighth of the floor area of the room.

6. Windows of sleeping rooms shall be so constructed that at least half of each window can be opened.

7. Cooking shall not be permitted in

any sleeping room.

8. If kitchen is provided, it must be equipped with running water and a sink connected with a sewerage system, septic tank or a covered cesspool. Kitchen

must be screened against flies and mos-

quitos.

9. If private toilet is provided it must be water-flushed and connected with a sewerage system or septic tank. Room containing such toilet must have window opening to the outside air and its floor must be constructed of impervious material.

10. If bath room is provided it must have an impervious floor and must have window opening to outside air. Bath and lavatory must be connected with sewerage system, septic tank or cesspool.

11. Covered metal garbage containers must be provided; at least one for every

two buildings.

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12. Buildings shall be cleaned daily and after each occupancy shall be thoroughly cleaned. If bedding is provided it must be kept in a clean condition.

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Dr. Charles H. Halliday Appointed Epidemiologist.

Dr. Charles H. Halliday, Health Officer of Monterey County, has qualified as epidemiologist under Civil Service regulations and has been appointed to that position by the California State Board of Health. Dr. Halliday succeeds Dr. Frank L. Kelly, who is now a member of the faculty of the department of hygiene of the University of California and city health officer of Berkeley.

Dr. Halliday was for many years connected with the Minnesota State Board of Health and has had exceptional opportunities and practical experience in the control of the communicable diseases. During the world war and following its termination he was engaged in epidemiological work in Poland and Russia. His acquisition to its staff is valuable to the California State Board of Health.

ANTHRAX
BERI-BERI BOTULISM CEREBROSP GITIS (Ep CHICKENPO)
CHOLERA, A DENGUE
DIPHTHERIA
DYSENTERY
ENCEPHALITE
ERYSIPELAS
FLUKES

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New Communicable Disease Regulations Adopted.

New regulations for the control of communicable diseases were adoted by the California State Board of Health at its meeting held in San Francisco October 6, 1923. These regulations are now being printed and will be ready for distribution shortly after October 15th. Copies will be sent to all health officers in the state, as well as to public health nurses physicians and others who may request them.

Summary Methods of Control of Epidemic Poliomyelitis

(Infantile Paralysis).

To prevent the spread of infantile paralysis and to avoid contracting it observe the following:

Keep your children off the streets. Do not let them play with any child or adult who is not entirely well.

Keep sick persons who do not belong in your family out of your house.

Make sure that hands are thoroughly washed before eating.

IN CASE OF SICKNESS.

If a child or adult in your family appears to be sick or complains of not feeling well immediately separate that person from the rest of the family and allow no visitors to enter the house.

After waiting on the sick person be sure to wash your hands immediately.

Collect nose and throat discharges in paper napkins or small pieces of cloth and burn immediately.

Bowel and bladder discharges must be disinfected with a fifty per cent carbolic acid solution, or such other disinfectant as your physician shall advise.

Infantile paralysis is primarily a children's disease, the mortality being 20 per cent, and many who survive remain disabled throughout their lifetime.

The best way to keep your child from contracting this disease is to keep him away from other children.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX BERI-BERI BOTULISM CEREBROSPINAL MENIN-GITIS (Epidemic) CHICKENPOX CHOLERA, ASIATIC DENGUE DIPHTHERIA ENCEPHALITIS (Epidemic) **ERYSIPELAS FLUKES** FOOD POISONING GERMAN MEASLES GLANDERS GONOCOCCUS INFECTION* HOOKWORM INFLUENZA JAUNDICE, INFECTIOUS LEPROSY MALARIA MEASLES

MUMPS **OPHTHALMIA NEONA-**TORUM PARATYPHOID FEVER PELLAGRA PLAGUE PNEUMONIA POLIOMYELITIS RABIES ROCKY MOUNTAIN SPOTTED (or Tick) **FEVER** SCARLET FEVER **SMALLPOX** SYPHILIS* **TETANUS** TRACHOMA **TUBERCULOSIS** TYPHOID FEVER TYPHUS FEVER WHOOPING COUGH YELLOW FEVER

QUARANTINABLE DISEASES.

CEREBROSPINAL MENIN-GITIS (Epidemic) CHOLERA, ASIATIC DIPHTHERIA ENCEPHALITIS (Epidemic) LEPROSY PLAGUE POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER

^{*}Reported by office number. Name and address not required.

MORBIDITY.*

Diphtheria-131 cases.

San Francisco 30, Oakland 19, Los Angeles 49, Los Angeles County 7, Long Beach 3, Pasadena 1, Redondo Beach 1, Whittier 1, Riverside 1, Ontario 1, Sacramento County 1, Sacramento 3, Berkeley 3, Alameda 1, Mendocino County 4, Stockton 2, Oroville 1, Tulare County 1, Quincy 1, South San Francisco 1.

Measles-181 cases.

San Francisco 97, Los Angeles 5, Los Angeles County 3, Long Beach 1, Pasadena 2, Berkeley 2, Alameda 11, Banning 1, Riverside 10, Hercules 1, Pinole 1, Alameda County 1, Monterey County 1, Salinas 3, Tulare County 2, Paso Robles 1, Fort Bragg 39.

Scarlet Fever-48 cases.

San Francisco 1, Oakland 7, Los Angeles 9, Los Angeles County 5, Long Beach 2, Pasadena 5, Alhambra 1, Huntington Park 1, Burbank 1, Stockton 6, Riverside 1, Watsonville 1, Tuolumne County 1, Orange County 2, Alameda 1, Sacramento 4.

Whooping Cough-13 cases.

Oakland 1, Los Angeles 1, Alameda 3, Pasadena 1, Long Beach 1, Eureka 4, San Joaquin County 2.

Smallpox-14 cases.

Los Angeles 7, Los Angeles County 2, Hermosa Beach 2, Orange County 2, Calipatria 1.

Typhoid Fever-20 cases.

Los Angeles 3, San Francisco 1, Oakland 1, Berkeley 1, Los Angeles County 2, Pasadena 2, Richmond 1, San Joaquin County 1, Stockton 1, Porterville 1, California 6.

Poliomyelitis-22 cases.

Los Angeles 8, Los Angeles County 7, Long Beach 1, Huntington Park 1, Orange County 1, Dunsmuir 1, Upland 1, Sacramento 2.

Epidemic Encephalitis-2 cases.

San Francsco 1, Whittier 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1923				taigololo 1922 II beinfog			
	Week ending			Reports for week	Week ending			Reports for week
	Sept. 15	Sept. 22	Sept. 29	ending Oct. 6 received by Oct. 9	Sept. 16	Sept. 23	Sept. 30	ending Oct. 7 received by Oct. 10
Anthrax Cerebrospinal Meningitis Chickenpox Diphtheria Dysentery (Bacillary) Epidemic Encephalitis Gonorrhoea Influenza Leprosy Malaria Measles Mumps Pneumonia Poliomyelitis	28 124 0 2 92 9 0 5 130 7 30 9	1 1 35 194 1 2 170 13 0 16 292 8 32 12	0 0 30 160 0 2 108 18 0 6 228 7 54	0 0 33 131 3 2 99 16 1 1 9 181 9	0 1 32 122 3 3 106 6 0 9 9 10 49	0 2 34 144 6 2 85 15 1 18 3 19 67	0 5 27 143 1 1 103 14 0 8 6 25 38	0 0 20 141 2 1 104 27 0 11 10 19 38
Scarlet Fever Smallpox Syphilis Tuberculosis Typhoid Whooping Cough	61 10 140 165 26 44	62 8 81 169 20 41	66 14 124 154 23 42	48 14 84 130 20 13	46 20 125 170 36 37	70 10 81 136 38 35	69 5 110 141 30 32	94 4 107 111 19 21
Totals	884	1158	1052	855	784	769	760	732

^{*}From reports received on October 8th and 9th for week ending October 6th.